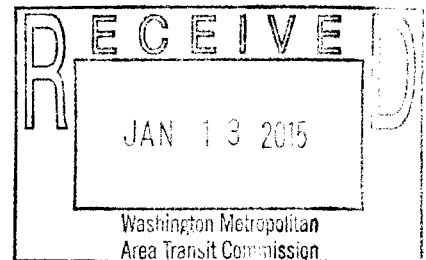


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1632 Ceepco Contracting, LLC

*WMATC No. *Name of Carrier (as shown on certificate of authority)

12501 Prosperity Drive, #235 Silver Spring MD 20904-1650

*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(301) 931-1600

(301) 931-1601

hcharles@ceepco.com

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1925362

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Harold Charles

President

*Name

*Title

(301) 931-1600

(301) 931-1601

hcharles@ceepco.com

*Telephone

Other Telephone

Fax

E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Business Filings Incorporated 877-219-4517

Name of Registered Agent for Service of Process

Telephone

E-mail

15 15th St. NW ~~Washington DC~~

1000

Washington DC

20005

Agent Address (must be inside Metropolitan District)

Apt./Suite City

State

Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Katie Murray

*Name (type or print)

Administrative Assistant

*Title (not required for sole proprietors)

Katie Murray

*Signature

1/12/15

*Date

Vehicle list for WMATA Annual Report.

Tag#	Year	Make	Model	Vin#	State Registered	Capacity	Wheelchair Accessible
G11-2123H	2009	Chevrolet	Impala	2G1WB57K191314873	GSA	5	No
G10-0750H	2011	Chevrolet	Malibu	1G1ZA5EU8BF360624	GSA	5	No
G12-0298L	2011	Chevrolet	Malibu	1G1ZA5EU7BF357570	GSA	5	No
G41-2780B	2005	Dodge	Caravan	1D4GP25E25B333471	GSA	7	No
G41-5711B	2006	Dodge	Grand Caravan	1D4GP24E56B675466	GSA	7	No
G43-1475A	2005	Chevrolet	CG3300 Van	1GAHG39U951209530	GSA	15	No
G43-1598K	2011	Chevrolet	G3500 Van	1GAZG1FG7B1165255	GSA	15	No
B42454 #2421	2009	Chevrolet	C4500 C	1GBE4V1938F403505	DC	24	Yes
B42440 #2422	2009	Chevrolet	C4500 C	1GBE4V1988F403547	DC	24	Yes
B43021 #2401	2008	Chevrolet	C4500 C	1GBE4V1998F403251	DC	24	Yes
B45099 #2019	2009	Chevrolet	E4500	1FDXE45P39DA22816	DC	24	Yes

